

LETTER TO PARENTS (Non-Pricing Program)

Dear Parents:

We receive meal reimbursement from the Child and Adult Care Food Program (CACFP) offered by the United States Department of Agriculture (USDA). With this assistance, we are able to maintain reasonable child care fees while providing nutritious meals. To enable us to continue this reimbursement assistance please complete, sign, and return the enclosed Center Eligibility Application. If your first language is not English, you have the right to ask us for written or oral translation or oral translation of materials free of charge in your native language. The information will only be used to determine the eligibility category of your child(ren) and verification of data.

You may provide information using household size and income, receipt of food stamps, California Work Opportunity and Responsibility to Kids (CalWORKSs), Food Distribution Program on Indian Reservation (FDPIR), or Kinship Guardian Assistance Payment (Kin-GAP) Program. If you have foster children, please contact us for special instructions.

If your household income is from seasonal or part-time sources, you may report the total monthly income or the amount you received for the past 12 months; whichever better indicates the financial circumstance of your household.

You may report loss of employment or income that your household may experience. This information may allow us to begin receiving meal reimbursements for your child.

During anytime of the year, a CACFP representative may verify your eligibility information. Deliberate misrepresentation of information may be subject to prosecution under applicable state and federal laws.

Please contact the child care center if you do not agree with the determination of your child(ren)'s eligibility. If you wish to review the decision further, you have the right to a fair hearing. You may request a hearing by contacting:

Jana Trouberman at (760) 380-4830, Bldg 1323, Fort Irwin, CA 92310

ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the *Child and Adult Care Food Program Center Eligibility Application* using the instructions below. Sign the application and return it to the sponsor. Call the sponsor if you need help:

PART 1 - PARTICIPANT'S INFORMATION: ALL HOUSEHOLDS MUST COMPLETE THIS PART.

Print the names of children enrolled in the center. (Mark (X) box if this is a foster child. List only one foster child per form.)

PART 2A - HOUSEHOLDS RECEIVING FOOD STAMPS, CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY FOR KIDS (CalWORKs), KINSHIP GUARDIAN ASSISTANCE PAYMENTS PROGRAM (Kin-GAP) OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS: COMPLETE PART 2A AND PART 3.

- (1) List your current Food Stamps case number or your CalWORKs, Kin-GAP or FDPIR identification number for the participant. Do not complete Part 2B.
- (2) An adult household member must sign the statement in Part 3.

PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE PART 2B AND PART 3.

- (1) Write the names of everyone in your household, except children listed in Part 1.
- (2) Write the amount of income (before taxes or anything else is taken out), received last month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
- (3) *Parent/guardian or another adult household member must sign and give his/her social security number in Part 3.

PART 2C - FOSTER CHILD: COMPLETE PART 2C AND PART 3 FOR EACH FOSTER CHILD LIVING IN YOUR HOME AND ENROLLED FOR CARE.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) All Center Eligibility Applications must have the signature of an adult household member.
- (2) The adult household member who signs the statement must include his/her social security number. If he/she does not have a social security number, mark (X) box. If you listed a food stamp, CalWORKs, FDPIR, or Kin-GAP number or if the application is for a foster child, a social security number is not needed.

*Section 9 of the National School Lunch Act requires that, unless the participant's Food Stamp, CalWORKs, FDPIR, or Kin-GAP information is provided, you must include the social security number of the adult household member signing the application or an indication that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, benefits, contacting the State's Employment Development Department offices to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported."

PART 4 - RACIAL/ETHNIC IDENTITY: IDENTIFICATION OF CHILDREN IS VOLUNTARY.

You are not required to complete this section to receive meal benefits. However, this information will help ensure that every person is treated fairly.

PART 5 - FOR SPONSOR USE ONLY: It is the sponsor's responsibility to complete PART 5.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tip, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business, day care, farm, or other.

Welfare/Child Support/Alimony

Public assistance payments, welfare payments, alimony/child support payments.

Foster Child's Income

ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use and earning from other than occasional or part-time employment. DO NOT COUNT funds from welfare agency for shelter, care, etc.

Pensions/Retirement/Social Security

Pensions, retirement income, veteran's payments, social security, **Supplemental Security Income (\$10.00 may be deducted from SSI check amounts as the Food Stamp equivalency).*

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Other Income

Disability benefits, cash withdrawn from savings, interest/dividends, income from trusts/investments, regular contributions from persons not living in household, net royalties/annuities/net rental income, or any other income.

CHILD AND ADULT CARE FOOD PROGRAM

CENTER ELIGIBILITY APPLICATION

(INSTRUCTIONS ON BACK)

PART 1 – FOR ALL HOUSEHOLDS: LIST ONLY ONE FOSTER CHILD PER APPLICATION FORM					
PARTICIPANT'S LAST NAME	FIRST NAME	M. I.	AGE	BIRTH DATE	MARK (X) BOX IF FOSTER CHILD <input type="checkbox"/>
PARTICIPANT'S LAST NAME	FIRST NAME	M. I.	AGE	BIRTH DATE	<input type="checkbox"/>
PARTICIPANT'S LAST NAME	FIRST NAME	M. I.	AGE	BIRTH DATE	<input type="checkbox"/>
PARTICIPANT'S LAST NAME	FIRST NAME	M. I.	AGE	BIRTH DATE	<input type="checkbox"/>
PART 2A – FOR HOUSEHOLDS RECEIVING FOOD STAMPS, CalWORKs, FDIPIR, or Kin-GAP BENEFITS: Complete Part 2A and Part 3. DO NOT COMPLETE PART 2B.					
FOOD STAMP CASE NUMBER		CALWORKS IDENTIFICATION NUMBER			
FDPIR IDENTIFICATION NUMBER		KIN-GAP IDENTIFICATION NUMBER			
PART 2B – ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete Part 2B and Part 3.					
NAMES OF ALL HOUSEHOLD MEMBERS (DO NOT INCLUDE CHILDREN LISTED ABOVE)	INCOME BY (CHECK APPROPRIATE BOX)				LIST SOURCES OF INCOME (SEE BACK PAGE)
1.	\$	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY 2 WEEKS	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL
2.	\$	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY 2 WEEKS	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL
3.	\$	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY 2 WEEKS	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL
4.	\$	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY 2 WEEKS	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL
5.	\$	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY 2 WEEKS	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL
6.	\$	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY 2 WEEKS	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL
PART 2C – FOSTER CHILD: Complete Part 2C and Part 3. LIST ONLY ONE FOSTER CHILD PER APPLICATION FORM (NSD 3101)					
Foster child's total monthly income: \$					
PART 3 – SIGNATURE: An adult household member must sign the statement before it can be approved.					
PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, CalWORKs, FDIPIR, or Kin-GAP number is correct or that all income is reported. I understand that this information is being given for the receipt of federal funds, that institution officials may verify the information on the statement, and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.					
SIGNATURE OF ADULT		PRINTED NAME OF ADULT			
SOCIAL SECURITY NUMBER		If no Social Security Number, mark (X) box <input type="checkbox"/>		DATE SIGNED	
HOME ADDRESS		ZIP CODE	HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER
PART 4 – RACIAL IDENTITY: (Identification of children is voluntary):					
American Indian or Alaska Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>	ETHNIC IDENTITY Mark (X) box if this participant is Hispanic or Latino <input type="checkbox"/>
PART 5 – FOR SPONSOR USE ONLY: Monthly Income Conversion					
CERTIFICATION					
Total household income: _____		Weekly <input type="checkbox"/>	Every Two Weeks <input type="checkbox"/>	Twice Per Month <input type="checkbox"/>	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>
Household size: _____		Eligibility Category: Free <input type="checkbox"/>	Reduced-Price <input type="checkbox"/>	Base <input type="checkbox"/>	
SPONSOR REPRESENTATIVE SIGNATURE				DATE	
Re-certification Date: _____		Free <input type="checkbox"/>	Reduced-Price <input type="checkbox"/>	Base <input type="checkbox"/>	
Re-certify only with the issuance of a new eligibility scale or with the reporting of updated eligibility information. Applications are valid for 12 months from the original certification date, not the new re-certification date.					

Daycare Parent Sample of Signature & Initials

Our Internal Review Auditor has recently required the USDA Child and Adult Care Food Program (CACFP) to obtain a sample signature and initial of parents upon enrollment in Child Development Services. Please take a moment to help us satisfy this request.

Name of children: _____

☐ Yes ☐ No Are you a Single Parent? Please check Yes or No.

	Signatures	Initials
Father		
Mother		
Other		

Thank you for helping the USDA Child and Adult Care Food Program insure integrity on attendance forms in Family Child Care (FCC) homes and Child Development Centers (CDC).

Please call the USDA CACFP office at 380-4830 if you have any questions.